trellis

Date:
March 19th, 2025

CASE NUMBER: 034252/2022

EXHIBIT(S) - 11 Finn Death Certificate - Finn Death Certificate Possible SSN Administratively Redacted

Document prepared for:
kevin barlow

CASE NAME

Rosemarie Mckinnis Est Of, Kathleen Mckinniss, Carin Rosado, James Finn Est Of, Geraldine Finn Exr v. Ecohealth Alliance Inc, Peter Daszak, Janet D Cottingham Aka, Janet Dasz…

DOCUMENT FILED DATE

Oct. 5th, 2022

CASE FILING DATE

Oct. 5th, 2022

COUNTY

Rockland county, NY

JUDGE

Sherri L Eisenpress

CATEGORY

Torts - Environmental (SARS-COV-2)

STATUS

Active

EXHIBIT 11

EXHIBIT 11

DOH-4430 (9/2011) LOCAL REGISTRAR'S DISTRICT: 4334
REGISTER NUMBER: 167

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

131-2021-00037564
STATE FILE NUMBER

DECEDENT

1. NAME: FIRST: James | MIDDLE: J. | LAST: Finn
2. SEX: MALE [X] 1 FEMALE [ ] 2
3A. DATE OF DEATH: MONTH 04 DAY 18 YEAR 2021
3B. HOUR: 09:05 PM
4A. PLACE OF DEATH (Check one): HOSPITAL DOA [ ] HOSPITAL ER [ ] HOSPITAL OUTPATIENT [ ] HOSPITAL INPATIENT [X] NURSING HOME [ ] PRIVATE RESIDENCE [ ] HOSPICE FACILITY [ ] OTHER (Specify): [ ]
4B. IF FACILITY, DATE ADMITTED: MONTH 03 DAY 25 YEAR 2021
4C. NAME OF FACILITY (If not facility, give address): Montefiore Nyack Hospital
4D. LOCALITY (Check one and specify): CITY [ ] VILLAGE [ ] TOWN [ ] Nyack Village
4E. COUNTY OF DEATH: Rockland
4F. MEDICAL RECORD NO.:
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state): NO [ ] YES [ ]
5. DATE OF BIRTH: MONTH 04 DAY 28 YEAR 1931
6A. AGE IN YEARS: 89 yrs.
6B. IF UNDER 1 YEAR ENTER: months / days
6C. IF UNDER 1 DAY ENTER: hours / minutes
7A. CITY AND STATE OF BIRTH (If not USA, Country and Region/Province): New York, New York
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify years): NO [ ] 0 YES [X] 1
9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.
A [X] No, not Spanish/Hispanic/Latino B [ ] Yes, Mexican, Mexican American, Chicano C [ ] Yes, Puerto Rican D [ ] Yes, Cuban E [ ] Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be:
A [X] White/Caucasian B [ ] Black or African American C [ ] Asian Indian D [ ] Chinese E [ ] Filipino F [ ] Japanese G [ ] Korean H [ ] Vietnamese J [ ] Native Hawaiian K [ ] Guamanian or Chamorro M [ ] Samoan N [ ] American Indian or Alaska Native (specify) P [ ] Other Asian (specify) R [ ] Other Pacific Islander (specify) S [ ] Other (specify)
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.
1 [ ] ≤ 8th grade 2 [X] 9th-12th grade; no diploma 3 [ ] High school graduate or GED 4 [ ] Some college credit, but no degree 5 [ ] Associate's degree 6 [ ] Bachelor's degree 7 [ ] Master's degree 8 [ ] Doctorate/Professional degree
12. SOCIAL SECURITY NUMBER: [redacted]
13. MARITAL STATUS: NEVER MARRIED [ ] 1 MARRIED [X] 2 WIDOWED [ ] 3 DIVORCED [ ] 4 SEPARATED [ ] 5
14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated: Geraldine Schierloh
15A. USUAL OCCUPATION (Do not enter retired): Police Officer
15B. KIND OF BUSINESS OR INDUSTRY: Law Enforcement
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Bronx, NY
16A. RESIDENCE (State or Country if not USA): NY
16B. County or Region/Province if not USA: Rockland
16C. LOCALITY (Check one and specify): CITY [ ] VILLAGE [ ] TOWN [ ] Clarkstown Town
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES [ ] NO [ ] IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 7 Brookhill Drive,West Nyack Hamlet
16E. ZIP CODE: 10994

PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST: Patrick | MI: | LAST: Finn
18. BIRTH NAME OF MOTHER / PARENT: FIRST: Julia | MI: | LAST: Morrison

INFORMANT

19A. NAME OF INFORMANT: Geraldine Finn
19B. MAILING ADDRESS (include zip code): 7 Brookhill Drive, West Nyack Hamlet, NY 10994

DISPOSITION

20A. 1 [X] BURIAL 2 [ ] CREMATION 3 [ ] REMOVAL 4 [ ] HOLD 5 [ ] DONATION 6 [ ] ENTOMBMENT — MONTH 04 DAY 28 YEAR 2021
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: St. Anthony's Cemetery
20C. LOCATION (City or town and state): Nanuet Hamlet, New York
21A. NAME AND ADDRESS OF FUNERAL HOME: Joseph W Sorce Funeral Home Inc, 728 W Nyack Rd, W Nyack, NY 10994
21B. REGISTRATION NUMBER: 00945
22A. NAME OF FUNERAL DIRECTOR: Stacey E Damon
22B. SIGNATURE OF FUNERAL DIRECTOR: Stacey E Damon Electronically Signed
22C. REGISTRATION NUMBER: 14115
23A. SIGNATURE OF REGISTRAR: Patricia Evans Electronically Signed
23B. DATE FILED: MONTH 04 DAY 20 YEAR 2021
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Patricia Evans
24B. DATE ISSUED: MONTH 04 DAY 20 YEAR 2021

CERTIFIER

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Scott Jordan Silver, MD
License No.: 259246
Signature: Scott Jordan Silver, MD Electronically Signed
Month 04 Day 18 Year 2021
Certifier's Title: 0 [ ] Attending Physician 0 [X] Physician acting on behalf of Attending Physician 1 [ ] Coroner 2 [ ] Medical Examiner / Deputy Medical Examiner
Address: 160 N Midland Ave, Nyack Village, NY 10960
25B. If coroner is not a physician, enter Coroner's Physician's name & title:
License No.: / Signature: / Month / Day / Year
25C. If certifier is not attending physician, enter Attending Physician's name & title:
License No.: / Address:
26A. Attending physician attended deceased: FROM 03 25 2021 TO 04 18 2021
26B. Deceased last seen alive by attending physician: 04 18 2021
26C. Pronounced Dead ON 04 18 2021 AT 09:05 PM
27. MANNER OF DEATH: NATURAL CAUSE [X] 1 ACCIDENT [ ] 2 HOMICIDE [ ] 3 SUICIDE [ ] 4 UNDETERMINED CIRCUMSTANCES [ ] 5 PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [ ] NO 1 [X] YES
29A. AUTOPSY? NO [X] 0 YES [ ] 1 REFUSED [ ] 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 [ ] NO 1 [ ] YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
PART I. IMMEDIATE CAUSE: (A) cardio-pulmonary arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: min
DUE TO OR AS A CONSEQUENCE OF: (B) covid pneumonia — weeks
DUE TO OR AS A CONSEQUENCE OF: (C) <<<>>> — <<<>>>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): atrial fibrillation, hypertension, non-hodgkin's lymphoma, waldenstom's macroglobulinemia
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 [ ] NO 1 [ ] YES 2 [ ] PROBABLY 3 [X] UNKNOWN
31A. IF INJURY, DATE: MONTH / DAY / YEAR / HOUR:
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO [ ] 0 YES [ ] 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 [ ] Driver/Operator 2 [ ] Passenger 3 [ ] Pedestrian 4 [ ] OTHER (specify)
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO [ ] 0 YES [ ] 1
33A. IF FEMALE: 0 [ ] Not pregnant within last year 1 [ ] Pregnant at time of death 2 [ ] Not pregnant, but pregnant within 42 days of death 3 [ ] Not pregnant, but pregnant 43 days to 1 year before death 4 [ ] Unknown if pregnant within past year
33B. DATE OF DELIVERY: MONTH / DAY / YEAR